

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004743

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1462

STATE FILE NUMBER

FILED FEB 7 1962

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Florida. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis,

Length of stay in 1b

2 mo. 18 days TOWN West Palm Beach,

c. CITY

OR

TOWN

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis-Little Rock
Hospitals, Inc.,

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

440 Forest Hill Blvd

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Charles

Middle

Chester

Last

Wilkerson

4. DATE
OF
DEATH

Month

Feb.

Day

1,

Year

1962.

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Apr. 2, 18869. AGE (last birthday)
75 yrs.IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Loco. Engineer10b. KIND OF BUSINESS OR INDUSTRY
Railroad11. BIRTHPLACE (City and state or country)
Decatur, Ill.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Wilkerson

13b. MOTHER'S MAIDEN NAME

Emma Shelley

14. NAME OF HUSBAND OR WIFE

Bertha Wilkerson Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Bertha Wilkerson 1919 S. Grand

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Lung

INTERVAL BETWEEN
ONSET AND DEATH

6 mo

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 13, 1961 to Feb. 1, 1962 and last saw her alive on Feb. 1, 1962

Death occurred at 7:08 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd

22c. DATE SIGNED

2-2 1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Feb. 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser Mortuaries-4228 So.

25. DATE RECD. BY LOCAL REG.

FEB 2 1962

26. REGISTRAR'S SIGNATURE

Edith Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.